

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>10/561,425</td> </tr> <tr> <td>Filing Date</td> <td>June 16, 2004 (Int'l)</td> </tr> <tr> <td>First Named Inventor</td> <td>Martin GRIFFIN</td> </tr> <tr> <td>Title</td> <td>NOVEL COMPOUNDS AND METHODS OF USING THE SAME</td> </tr> <tr> <td>Art Unit</td> <td>1854</td> </tr> <tr> <td>Examiner Name</td> <td>J. Russe</td> </tr> <tr> <td>Attorney Docket No.</td> <td>404172002000</td> </tr> </table>	Application Number	10/561,425	Filing Date	June 16, 2004 (Int'l)	First Named Inventor	Martin GRIFFIN	Title	NOVEL COMPOUNDS AND METHODS OF USING THE SAME	Art Unit	1854	Examiner Name	J. Russe	Attorney Docket No.	404172002000
Application Number	10/561,425														
Filing Date	June 16, 2004 (Int'l)														
First Named Inventor	Martin GRIFFIN														
Title	NOVEL COMPOUNDS AND METHODS OF USING THE SAME														
Art Unit	1854														
Examiner Name	J. Russe														
Attorney Docket No.	404172002000														
I hereby revoke all previous powers of attorney given in the above-identified application.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">25226</div> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: </td> </tr> <tr> <td style="width: 25%;">Name</td> <td style="width: 25%;">Registration Number</td> <td style="width: 25%;">Name</td> <td style="width: 25%;">Registration Number</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 5px; display: inline-block;">25226</div>	<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:		Name	Registration Number	Name	Registration Number						
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 5px; display: inline-block;">25226</div>														
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
Name	Registration Number	Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number:															
<input type="checkbox"/> Firm or Individual Name															
Address															
City	State														
Country	Zip														
Telephone	Email														
I am the: <input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on _____															
SIGNATURE of Applicant or Assignee of Record															
Signature	Date														
Name	Telephone														
Title and Company															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.															
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.															